

FOR INS USE ONLY

If the employer is an individual, use the top name line. Organizations should use the second line.

IRS
Tax #

(See instructions to determine the fee).

1. **Requested Nonimmigrant Classification**
(write classification symbol at right) _____
2. **Basis for Classification** (check one)
 - a. ☐ New employment
 - b. ☐ Continuation of previously approved employment without change
 - c. ☐ Change in previously approved employment
 - d. ☐ New concurrent employment
3. **Prior petition.** If you checked other than "New Employment" in item 2. (above) give the most recent prior petition number for the worker(s): _____
4. **Requested Action:** (check one) _____
 - a. ☐ Notify the office in Part 4 so the person(s) can obtain a visa or be admitted (NOTE: a petition is not required for an E-1, E-2 or R visa).
 - b. ☐ Change the person(s) status and extend their stay since they are all now in the U.S.
in another status (see instructions for limitations). This is available only where you
 - c. ☐
5. **Total number of workers in petition:** _____
(See instructions for where more than one worker can be included.)

Complete the blocks below. Use the continuation sheet to name each person included in this petition.

If an entertainment group,
give their group name.

Class: _____
 # of Workers: _____
 Priority Number: _____
 Validity Dates: From _____
 To _____

<input type="checkbox"/>	Classification
<input type="checkbox"/>	Consulate/POE/PFI Notified
	At: _____
<input type="checkbox"/>	Extension Granted
<input type="checkbox"/>	COS/Extension Granted

Partial Approval (explain)

Action

**To Be Completed by
Attorney or Representative, if any**
☐ Fill in box if G-28 is attached to represent
the applicant

Part 4. Processing Information.

- a. If the person named in Part 3 is outside the U.S. or a requested extension of stay or change of status cannot be granted, give the U.S. consulate or inspection facility you want notified if this petition is approved.

Type of Office (check <input type="checkbox"/> Consulate <input type="checkbox"/> Pre-flight inspection <input type="checkbox"/> Port of Entry
Office Address (City) _____ U.S. State or Foreign Country _____

Person's Foreign _____

- b. Does each person in this petition have a valid passport?

☐ Not required to have passport

☐ No - explain on separate

☐ Yes

- c. Are you filing any other petitions with this one?

☐ No

☐ Yes - How _____

- d. Are applications for replacement/Initial I-94's being filed with this petition?

☐ No

☐ Yes - How _____

- e. Are applications by dependents being filed with this petition?

☐ No

☐ Yes - How _____

- f. Is any person in this petition in exclusion or deportation proceedings?

☐ No

☐ Yes - explain on separate

- g. Have you ever filed an immigrant petition for any person in this petition?

☐ No

☐ Yes - explain on separate

- h. If you indicated you were filing a new petition in Part 2, within the past 7 years has any person in this petition:

1) ever been given the classification you are now requesting?

☐ No

☐ Yes - explain on separate

2) ever been denied the classification you are now

☐ No

☐ Yes - explain on separate

- i. If you are filing for an entertainment group, has any person in this petition not been with the group for at least 1 year?

☐ No

☐ Yes - explain on separate

Part 5. Basic information about the proposed employment and employer.

Attach the supplement relating to the classification you are requesting.

Job _____	Nontechnical Description _____	
Title _____	of Job _____	
Address where the person(s) will work _____		
Is this a full-time position?		
<input type="checkbox"/> No - Hours per _____		<input type="checkbox"/> Ye _____
Other Compensation _____	Value per week _____	Wages per week _____
(Explain) _____	or per year _____	Dates of intended _____
		To: _____
Type of Petitioner - check one: <input type="checkbox"/> U.S. citizen or permanent	<input type="checkbox"/> Organizatio _____	<input type="checkbox"/> Other - explain on separate
Type of _____	Year _____	
Current Number _____	Gross Annual _____	Net Annual _____
	Income _____	

Part 6. Signature.

Read the information on penalties in the instructions before completing this section.

I certify, under penalty of perjury under the laws of the United States of America, that this petition, and the evidence submitted with it, is all true and correct. If filing this on behalf of an organization, I certify that I am empowered to do so by that organization. If this petition is to extend a prior petition, I certify that the proposed employment is under the same terms and conditions as in the prior approved petition. I authorize the release of any information from my records, or from the petitioning organization's records, which the Immigration and Naturalization Service needs to determine eligibility for the benefit being

Signature and title _____	Print Name _____	Date _____
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Please Note: If you do not completely fill out this form and the required supplement, or fail to submit required documents listed in the instructions, then the person(s) filed for may not be found eligible for the requested benefit, and this petition may be denied.

Part 7. Signature of person preparing form if other than above.

I declare that I prepared this petition at the request of the above person and it is based on all information of which I have any knowledge.

Signature _____	Print Name _____	Date _____
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Firm Name _____
and Address _____

U.S. Department of Justice
Immigration and Naturalization Service

E Classification
Supplement to Form I- 129

Name of person or organization filing

Name of person you are filing for:

Classification Sought (Check one):

☐ E-1 Treaty trader

☐ E-2 Treaty investor

Name of country signatory to treaty with U.S.

Section 1. Information about the Employer Outside the U.S. (If any)

Name

Address

Alien's Position - Title, duties and number of years

Principal Product, merchandise or

Total Number of Employees

Section 2. Additional information about the U.S. Employer

The U.S. company is, to the company outside the U.S. (check

☐ Parent

☐ Branch

☐ Subsidiary

☐ Affiliate

☐ Joint Venture

Date and Place of Incorporation or establishment in the U.S.

Nationality of Ownership (Individual or Corporate)

Name

Nationality

Immigration Status

%

Asset

Net Worth

Total Annual Income

Staff in the U.S.

Executive Manager

Specialized Qualifications or

Nationals of Treaty Country in E or L Status

Total number of
employees in the U.S.

Total number of employees the alien would supervise; or describe the nature of the specialized skills essential to the U.S.

Section 3. Complete if filing for an E-1 Treaty Trader

Total Annual Gross Trade/Business of the U.S. company

For Year

\$

Percent of total gross trade which is between the U.S. and the country of which the treaty trader organization is a national.

Section 4. Complete if filing for an E-2 Treaty

Total Investment:

Cash

Equipment

Other

\$

\$

\$

Inventory

Premises

Total

\$

\$

\$

U.S. Department of Justice
Immigration and Naturalization Service

L Classification
Supplement to Form I-129

Name of person or organization filing petition:

Name of person you are filing for:

This petition is (check one): ☐ An individual petition ☐ A blanket petition

Section 1. Complete this section if filing an individual

Classification sought (check ☐ L-1A manager or ☐ L-18 specialized

List the alien's, and any dependent family member's prior periods of stay in an L classification in the U.S. for the last seven years. Be sure to list only those periods in which the alien and/or family members were actually in the U.S. in an L classification.

Name and address of employer abroad

Dates of alien's employment with this employer. Explain any interruptions in employment.

Description of the alien's duties for the past 3 years.

Description of alien's proposed duties in the U.S.

Summarize the alien's education and work experience.

The U.S. company is, to the company abroad: (check

☐ Parent ☐ Branch ☐ Subsidiary ☐ Affiliate ☐ Joint Venture

Describe the stock ownership and managerial control of each company.

Do the companies currently have the same qualifying relationship as they did during the one-year period of the alien's employment with the company abroad? ☐ Yes ☐ No (attach explanation)

Is the alien coming to the U.S. to open a new office?

☐ Yes (explain in detail on separate ☐ No

Section 2. Complete this section if filing a Blanket

List all U.S. and foreign parent, branches, subsidiaries and affiliates included in this petition. (Attach a separate paper if additional space is needed.)

Name and Address	Relationship

Explain in detail on separate paper.

Name of person or organization filing petition:

Name of person or group or total number of workers you are filing for:

Classification sought (check

- ☐ O-1 Alien of extraordinary ability in sciences, art, education, or business.
- ☐ P-2 Artist or entertainer for reciprocal exchange program
- ☐ P-2S Essential Support Personnel for P-2.

Explain the nature of the event

Describe the duties to be performed

If filing for O-2 or P support alien, dates of the alien's prior experience with the O-1 or P alien.

Have you obtained the required written consultations(s)? ☐ Yes - attached ☐ No - Copy of request attached

If not, give the following information about the organizations(s) to which you have sent a duplicate of this petition.

O-1 Extraordinary ability

Name of recognized peer

Phone #

Address

Date sent

O-1 Extraordinary achievement in motion pictures or

Name of labor

Phone #

Address

Date sent

Name of management organization

Phone #

Address

Date sent

O-2 or P alien

Name of labor

Phone #

Address

Date Sent

U.S. Department of Justice
Immigration and Naturalization Service

O & R Classifications
Supplement to Form I-129

Name of person or organization filing petition:

Name of person you are filing for:

Section 1. Complete this section if you are filing for a Q international cultural exchange alien.

I hereby certify that the participant(s) in the international cultural exchange program:

- is at least 18 years of age,
- has the ability to communicate effectively about the cultural attributes of his or her country of nationality to the American public, and
- has not previously been in the United States as a Q nonimmigrant unless he/she has resided and been physically present outside the U.S. for the immediate prior year.

I also certify that the same wages and working conditions are accorded the participants as are provided similarly employed U.S. workers.

Petitioner's signature

Date

Section 2. Complete this section if you are filing for an R religious worker.

List the alien's, and any dependent family members, prior periods of stay in R classification in the U.S. for the last six years. Be sure to list only those periods in which the alien and/or family members were actually in the U.S. in an R classification.

Describe the alien's proposed duties in the U.S.

Describe the alien's qualifications for the vocation or occupation.

Description of the relationship between the U.S. religious organization and the organization abroad of which the alien was a member.

Supplement-1

Attach to Form I-129 when more than one person is included in the petition. (List each person separately. Do not include the person you named on the form).

Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Social Security		A#
IF IN THE U.S.	Date of Arrival (month/day/year)	I-94#	
	Current Nonimmigrant Status:	Expires on (month/day/year)	
Country where passport issued	Expiration Date (month/day/year)		Date Started with group
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Social Security		A#
IF IN THE U.S.	Date of Arrival (month/day/year)	I-94#	
	Current Nonimmigrant Status:	Expires on (month/day/year)	
Country where passport issued	Expiration Date (month/day/year)		Date Started with group
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Social Security		A#
IF IN THE U.S.	Date of Arrival (month/day/year)	I-94#	
	Current Nonimmigrant Status:	Expires on (month/day/year)	
Country where passport issued	Expiration Date (month/day/year)		Date Started with group
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Social Security		A#
IF IN THE U.S.	Date of Arrival (month/day/year)	I-94#	
	Current Nonimmigrant Status:	Expires on (month/day/year)	
Country where passport issued	Expiration Date (month/day/year)		Date Started with group
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Social Security		A#
IF IN THE U.S.	Date of Arrival (month/day/year)	I-94#	
	Current Nonimmigrant Status:	Expires on (month/day/year)	
Country where passport issued	Expiration Date (month/day/year)		Date Started with group
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Social Security		A#
IF IN THE U.S.	Date of Arrival (month/day/year)	I-94#	
	Current Nonimmigrant Status:	Expires on (month/day/year)	
Country where passport issued	Expiration Date (month/day/year)		Date Started with group

Supplement-1

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Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Social Security		A#
IF IN THE U.S.	Date of Arrival (month/day/year)	I-94#	
	Current Nonimmigrant Status:	Expires on (month/day/year)	
Country where passport issued	Expiration Date (month/day/year)		Date Started with group

Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Social Security		A#
IF IN THE U.S.	Date of Arrival (month/day/year)	I-94#	
	Current Nonimmigrant Status:	Expires on (month/day/year)	
Country where passport issued	Expiration Date (month/day/year)		Date Started with group

Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Social Security		A#
IF IN THE U.S.	Date of Arrival (month/day/year)	I-94#	
	Current Nonimmigrant Status:	Expires on (month/day/year)	
Country where passport issued	Expiration Date (month/day/year)		Date Started with group

Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Social Security		A#
IF IN THE U.S.	Date of Arrival (month/day/year)	I-94#	
	Current Nonimmigrant Status:	Expires on (month/day/year)	
Country where passport issued	Expiration Date (month/day/year)		Date Started with group

Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Social Security		A#
IF IN THE U.S.	Date of Arrival (month/day/year)	I-94#	
	Current Nonimmigrant Status:	Expires on (month/day/year)	
Country where passport issued	Expiration Date (month/day/year)		Date Started with group